

Pre-Treatment Characteristics of Opioid Dependent Adolescents in Residential Treatment and Treatment Duration

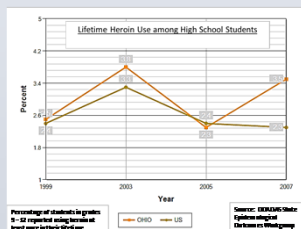
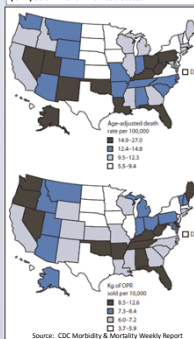
Jane Riley, LSW, CDCA



INTRODUCTION

- Opiates are a group of drugs that have sedative and pain relieving effects. Opiates include certain types of prescription medications (e.g., OxyContin, Percocet, Vicodin, Opana) as well as heroin. This group of substances has a high potential for abuse (Substance Abuse & Mental Health Services Administration [SAMSHA], 2009).
- Non-medical use of prescription opioids was the second most prevalent illicit drug used in 2010 among individuals ages 12 to 17 (SAMSHA, 2011).
- Abuse of opioid prescription medications has been found to lead to heroin abuse (Ohio Department of Alcohol & Drug Addiction Services [ODADAS], 2011; Subramaniam & Stitzer, 2009).
- "Law enforcement and treatment providers across almost every region [of Ohio] identified heroin as the most urgent substance abuse problem" (ODADAS, 2011, p. 3).
- In Ohio, approximately two-thirds (63%; $n = 979$) of reported drug overdoses involved opioids (prescription or heroin) in 2010. This is an increase from 55% ($n = 783$) in 2009 (Ohio Department of Health, 2010).

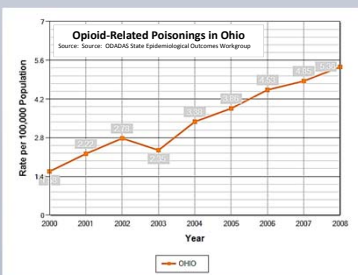
FIGURE 1. Drug overdose death rate in 2008 and rate of kilograms (kg) of opioid pain relievers (OPR) sold in 2010 — United States



STUDY PURPOSE

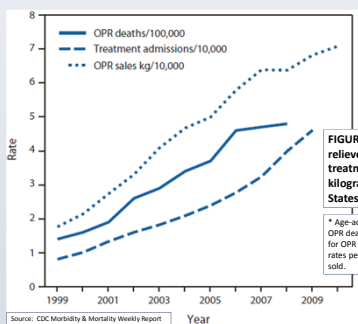
The purpose of this study was to identify psychosocial characteristics that adolescents presented with at admission to residential substance abuse treatment in order to more effectively tailor treatment services and interventions to match the needs of the population being served. The following research question guided the study:

What psychosocial risk factors or clinical characteristics are associated with adolescents entering residential treatment with an opioid-primary dependence diagnosis?



SAMPLE & METHODS

Data for this study were derived from historical charts at a residential substance abuse treatment center in Ohio. The residential facility serves substance dependent adolescents of both sexes ages 13 through 18 years old who reside in Ohio. For inclusion in the study, the adolescents had to meet criteria for admission, be between the ages of 13 and 18, and be diagnosed at admission with opioid dependence as their primary disorder. Only those adolescents who successfully completed treatment (discharged with staff approval) were included in the study. A total of 15 chart reviews were conducted. Charts were selected for inclusion using a systematic random sampling method. Data were summarized using descriptive statistics.



RESULTS

- Demographics:** The majority of the sample was female (60%; $n = 9$). Ethnicity/race was not included in the data to avoid potential confidentiality issues as the majority of adolescents admitted to the residential facility identify as Caucasian. The age of the adolescents ranged from 15 to 18 with the average being 16.73 years old. Adolescents who were 16 or 17 years of age upon admission to the facility accounted for 86.7% ($n = 13$) of the sample.
- Trauma Exposure:** 26.7% ($n = 4$) of the sample self-reported being the victim of abuse during their lifetime (defined as reporting a history of sexual, emotional, and/or physical abuse). 13.3% ($n = 2$) of the sample identified that they were the victims of sexual abuse at some point in their lives, while 20% ($n = 3$) reported being victims of physical abuse. None of the adolescents reported emotional abuse during their lifetime.
- Mental Health Issues:** Moderate or severe depressive scores on the Beck Depression Inventory – Second Edition (BDI-II) were indicated for 41.7% ($n = 5$) of opioid dependent adolescents. Scores on the BDI-II Scale ranged from 3 to 37 with an average score of 16.67 ($SD = 11.404$). The scores were very dispersed throughout the range of overall scale scores.
- Legal History:** Of the 15 adolescents who were included, 61.5% ($n = 8$) reported being on probation at the time of admission to treatment. 61.5% ($n = 8$) of the adolescents also reported being referred by the legal system (courts or other criminal justice system entity).
- Family Behavioral Health Issues:** Over half (53.3%; $n = 8$) of the adolescents reported a history of parental use of substances (drugs or alcohol). 50.0% ($n = 6$) of the sample indicated that their parents had a history of mental illness.
- Treatment:** Of the opioid dependent adolescents included in the study 30.8% ($n = 4$) reported three or more prior treatment episodes at any agency and any level of care (e.g., residential, intensive outpatient, outpatient). 23.1% ($n = 3$) reported two previous treatment episodes while 38.5% ($n = 5$) reported only one previous treatment episode. During this admission for residential treatment, the duration of stay ranged from 33 to 196 days. Over half of the sample (53.3%; $n = 8$) stayed in treatment for 71 days or less. The average treatment duration was 81.53 days ($SD = 40.437$).
- Opioid Use History:** 46.2% ($n = 6$) of adolescents reported daily opioid use in the month prior to admission to the facility. 30.8% ($n = 4$) of opioid dependent adolescents reported no opioid use in the month prior to admission. Injection drug use was highly prevalent in this population: 75.0% ($n = 9$) reported injection as their primary route of administration of opioids.

LIMITATIONS

This study has several limitations. The sample size is small (15 adolescents) and consists of clients admitted to one treatment site limiting the representativeness and generalizability of the study to other opioid users. The descriptive nature of the study also inhibits the ability to establish causality – although this was not a research objective. Another limitation is the self-reported nature of the data. Clinicians conducting the admission assessments may not have had enough time to develop rapport with adolescents which is seen as an important prerequisite for discussion of sensitive topics (Perron, Gotham, & Cho, 2008) such as familial issues and victimization history. An additional limitation related to the admission assessment is that individual clinicians may inquire about client history through different methods (e.g., explain types of abuse differently) resulting in differing report of pre-treatment characteristics.



CONCLUSIONS

Opioid dependent adolescents reported facing a range of issues at treatment admission, including legal problems, familial mental health and substance abuse issues, history of traumatic experiences, and depressive symptomatology. Increased knowledge about such pre-treatment characteristics can enable treatment providers to more thoroughly understand the unique needs of this population as well as develop interventions to address these concerns. As opioid use, abuse, and dependence and opioid-related overdose deaths became an increasing reality for Ohio families, it is critical to identify methods of improving treatment for populations suffering from this type of addiction. Hartzler, Donovan, and Huang (2011) argue that "improving our understanding of pre-treatment characteristics of such treatment seekers [opioid users] may be beneficial in the design and delivery of services with enhanced therapeutic potential" (p. 2).

Future research is needed to explore how pre-treatment characteristics of opioid dependent adolescents affect treatment outcomes, including duration of stay as well as length of sobriety following discharge. Knowledge gained from such research will aid in designing effective services based on the presenting needs of opioid dependent clients. It may also aid in identifying critical areas for prevention and intervention (e.g., within the family unit, after initial contact with the legal system).

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